

INTERVIEW FORM

<input type="checkbox"/>	Staff Statement
<input type="checkbox"/>	Resident Statement
<input type="checkbox"/>	Other

NAME: Juana del Carmen Lopez Perez TITLE: YSCI

INTERVIEWER Rene Calderon INCIDENT #

INTERVIEW DATE: 07/03/2017 LOCATION(OF INCIDENT): Gillies Unit

REASON: _____

Resident [REDACTED] disclosed to me (Ms.Carmen) that last night 07/02/17 on the overnight shift he saw Mr. Miguel and [REDACTED] having sex in their bedroom. also he over heard they saying that this was the 3rd time done it and nobody catch them. then I asked him if he wanted to talk with his clinician and he said yes. Incident was reported to AOD and clinician.

[Signature]